

Connect America Phase II Challenge Process Form

OMB Control Number 3060-1188

FCC Form 505

Filing Entity: North State Telephone Company d/b/a North State Communications

FRN (if applicable): 0003745734

Name of Person Filling Out Form: Andrew Stevenson

Mailing Address of Person Filling Out Form: PO Box 2326 High Point, NC 27261

Email Address of Person Filling Out Form: andrew.stevenson@nscom.com

Phone Number of Person Filling Out Form: (336) 886-3801

Name of Person Certifying Data within Form: Vance D. Massey, Jr.

Mailing Address of Person Certifying Data within Form: PO Box 2326 High Point, NC 27261

Email Address of Person Certifying Data within Form: van.massey@nscom.com

Phone Number of Person Certifying Data within Form: (336) 886-3698

Response to Challenge

Census Block 15 Digit FIPS Code	State	Name of Entity Making Initial Challenge	Entity Making Initial Challenge (if provided)	Insert X if Speed Criteria is at Issue	Insert X if Usage Allowance Criteria is at Issue	Insert X if Latency Criteria is at Issue	Insert X if Price Criteria is at Issue	Insert X if Voice Criteria is at Issue	Type of Supporting Evidence	Additional Comments	OMB Control Number 3060-1188
370570619023050 NC	NC	Windstream		x	x	x	x	x	Exhibit A: service area map (larger scale).* Exhibit B: service area map (smaller scale).*	Service area maps depict a portion of North State Communications' rate-of-return study area in relation to the challenged census block, showing the census block to be located entirely within the rate-of-return study area, with no portion of the census block falling within the adjacent Windstream price- cap study area.	
									*Confidential Information		

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Accuracy and Due Diligence Certification

All Filers Must Fill Out

By initialing below, I certify that all statements contained in the attached form are true and accurate to the best of my knowledge, and that I have undertaken due diligence to obtain knowledge regarding these claims.

Certifier's Initials: VDM

Date: 11/7/2014

Notice of Challenge Certification

(Served to Unserved and Unserved to Served Challengers Fill Out One of the Following Blocks - Respondents Do Not Fill Out)

Service of Notice Successful

By initialing below, I certify that notice of this challenge has been served on all interested parties.

Certifier's Initials:

Date:

Service of Notice Unsuccessful

By initialing below I certify that, following a good faith effort, I was unable to serve notice of this challenge on all interested parties due to lack of information regarding the address of such parties.

Name of Party/Parties

that Could Not Be

Served:

Certifier's Initials:

Date:

The certifications on this page are subject to the penalties for false statements under 18 U.S.C. 1001.